State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes ONO

(CFA-4) Summary Sheet

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TOTAL	AGES	IN ENT	IRE CF/	4-4 REP	ORT

COMMITTEE INFOR	MATION		
Full name of committee (as on Statement of Organization)  Check if this is a new name	. / 2	* /	The second party and the
LEVINE JUDY LEVINE FOR CO	unty Co	DUNCIL	PUE NUMBERS Reported
2. Acronym or abbreviated name, if any	3. Committee tel	ephone number	Secret Based Its number
where we is signed, he to lead not not the study and it as one and are control	(3/7	1 842-392	9
12558 HighLANDS PLACE	heck if this is a new	address	not bertastle she galacted
5. City, state, ZIP code FISHERS IN 46038	6. Party affiliation	n (if applicable)	IB THIS AN AMENDMEN Information submitted
CANDIDATE INFORMATION (For Can	didate's Commit	tees Only)	
7. Full name of candidate (include any nickname)		n or if Independent	TOPO THE BUT TOPOS T HELD IN
JUDY R. LEVINE	Rep	ubLICAN	CHAMINA MONEY INSTITUTE
9. Office sought (Include district number, if any. Not required for exploratory committee.)  LOUNTY COUNCIL DISTRICT # 2	10. County of re	11 LTO N	(TEM 2 Solar the action)
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY
11. Check one:		Check one:	and an American sum
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	nd 20 must be "0")	Pre-Convention	TEM & Essection making
Outgoing Treasurer (within 10 days amend Statement of Organization)	med the SA cons	Post-Convention	
12. Reporting period:	obs wan a els	COLUMN A	COLUMN B
From: /-/- 2000 Through: /2-3/-200	2/	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		-0-	
14. Cash on hand and investments January 1, current year,			-0-
CONTRIBUTIONS AND RECEIPTS	THE REAL PROPERTY.		
(Note: these amounts include in-kind contributions and loans, as well as cash con 15a. Itemized (use Schedule A)	tributions.)	472.34	
15b. Uniternized	of the quadra	-0-	on for entring the follow
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	472.34	re one noostage talor
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	472.34	472.34
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	elstillis for all 6	THE REAL PROPERTY.	1/72.31/
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	moni na plater la	472134	472.34
17b. Unitemized	W A DOSONO	-0-	M, to Bollate, & as cook
17c. Add lines 17a and 17b in both columns	SUBTOTAL	472.34	THE CO. S. Seedons and the Co.
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	plumns) TOTAL	-0-	-0-
19. Debts OWED BY the committee (use Schedule D)		-0-	
20. Debts OWED TO the committee (use Schedule E)	03 VID	-0-	
20, people Office To the continuities ruse Schedule 5)			

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Signature on File

FOR OFFICE USE ONLY

O CLERK, HENRITCH COL

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. 21 W 1007 (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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Contributor's Occupation (if required)	Other Receipts:  Interest □Loan  Misc (specify)	OF SCHED	ALL PAGES	P Beggg Re to
5.	Contributions:  Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest □ Loan  Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersion and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIMPUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucument regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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## OF A POLITICAL COMMITTEE State Form 4606 (R9 / 11-99)

(CFA-4 SCHEDULE B)
Itemized Expenditures

212	FILE	ENUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER				
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER				
Dage	of			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS CO-SI (street, number, city, state, ZIP code) MAILING	IGNER'S NAME AND NG ADDRESS( if any) — umber, city state, ZIP code)	ORIGINAL AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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